

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)

		SERIAL NO.		FILING DATE			
		APPLICANT(S)					
CLAIMS							
		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							
2							
3							
4							
5		4					
6							
7							
8		3					
9		1					
10		1					
11		1					
12		1					
13							
14							
15							
16							
17		16					
18		1					
19		1					
20		19					
21		1					
22		21					
23		17					
24		1					
25		1					
26		1					
27		3					
28		1					
29		4					
30		1					
31		1					
32		3					
33		1					
34		1					
35		19					
36							
37							
38							
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41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							